

WELCOME TO THE STATE OF FLORIDA'S INTERNATIONAL REGISTRATION PLAN

BY APPLYING FOR AND RECEIVING A TEMPORARY OPERATIONAL PERMIT (TOP), YOU HAVE COMMITTED TO APPLYING FOR AN INTERNATIONAL REGISTRATION PLAN (IRP) APPORTIONED LICENSE PLATE. YOU ARE REQUIRED TO SUBMIT A COMPLETED IRP APPLICATION WITHIN 10 DAYS OF RECEIPT OF YOUR TOP. THE COUNTY TAX COLLECTOR'S OFFICE WHERE YOU RECEIVED YOUR TOP CAN PROVIDE YOU WITH AN IRP APPLICATION AND THE INSTRUCTIONS FOR COMPLETION. ONCE YOU HAVE COMPLETED THE IRP APPLICATION AND HAVE OBTAINED THE SUPPORTING IRP DOCUMENTS INDICATED BELOW, PLEASE MAIL THE APPLICATION AND THE SUPPORTING DOCUMENTS TO THE ADDRESS AT THE END OF THIS NOTICE.

IRP APPLICATION AND INSTRUCTION BOOK (HSMV 85901) Please remove the IRP Application, HSMV 85900, which you will find inside the instruction book Properly complete the application according to the instructions provided in the Instruction Book (HSMV 85901).
PROOF OF PREVIOUS REGISTRATION, if applicable
COPY OF YOUR TEMPORARY OPERATIONAL PERMIT (TOP)
PROOF OF OWNERSHIP Your proof of ownership must be in the form of one of the following items: Copy of current Florida registration;

- Florida Title Receipt (Form HSMV 82041); or
- In the case of an out-of-state title with an outstanding lien, a copy of the out-of-state title and a statement on letterhead stationery from the lien holder stating there is an outstanding lien on the described vehicle must be submitted.
- ADDITIONAL INFO REGARDING OUT-OF-STATE TITLES For any vehicle with an out-of-state title, a completed Florida Form HSMV 82042 must be included. The HSMV 82042 is verification of the vehicle's identification number (VIN). This form is available at all Florida county tax collector offices, the Bureau of Motor Carrier Services in Tallahassee, or on line at www.flhsmv.gov.

VERIFICATION OF ESTABLISHED PLACE OF BUSINESS

IRP requires that motor carriers based in a particular state must have an "established place of business" in that state.

NOTE: An established place of business is defined as a physical structure owned, leased, or rented by the registrant, which is open during normal business hours and shall be staffed by employee(s) of the applicant on a permanent basis to manage the business and answer inquiries. The operational records of the fleet, unless the records can otherwise be made available, shall be maintained at this location. Verification of your established place of business must be in the name of the registrant and document the current physical business address. Three of the following acceptable proof of residency documents must accompany your IRP application:

- Current copy of a Florida driver's license in your name.
- Copy of a document indicating your company is a Florida corporation or is registered to conduct business as a foreign corporation in Florida.
- Copy of document indicating you are a resident of Florida and the principal owner of a Florida corporation.
- Current copy of a Federal income tax return, in your name, indicating the return was filed from your Florida address.
- Current copy of a tax bill indicating real estate or personal property taxes have been paid in your name for your Florida address.
- Current copy of a utility bill paid in your name for your Florida address.
- Copy of a vehicle title or registration for a vehicle titled in Florida in your name.

Su	ROOF OF PAYMENT OF FEDERAL HEAVY VEHICLE USE TAX Submit the original Federal Form 2290, Schedule 1, from the Internal Revenue Service, or submit a ppy of the Federal Form 2290, Schedule 1, with the front and back of the cancelled check.
Carriers wit	th 25 or more vehicles for a taxable period <u>must</u> file the 2290 electronically. If you have 25 or more vehicles, you can mation on how to file electronically at http://www.irs.gov/efile/article/0.,id=170570,00.html .
(re	ROOF OF INSURANCE COVERAGE - Combined Bodily Injury Liability, and Property Damage Liability eferred to as Combined Single Limits - CSL). Proof of valid coverage may be the original or a photocopy of any see of the following items:
•	Form E, Uniform Motor Carrier Bodily Injury and Property Damage Liability; or Certificate of Self-Insurance issued by the Department of Highway Safety and Motor Vehicles (DHSMV), Division of Driver Licenses, Bureau of Financial Responsibility; or Copy of the insurance policy which provides the required coverage and contains a statement that the insurance company will give DHSMV not less than 30 days notice of cancellation of coverage or Copy of Certificate of Insurance issued on an insurance company form only (this form must reflect
•	the policy number, levels of insurance, and state that the insurer will give the DHSMV not less than 30 days notice of cancellation); or Insurance policy binder; or Surety bond deposited with DHSMV by a surety company authorized to do business in Florida, or a combination of a surety bond and an insurance policy, which satisfies the requirements of section 627.7415, Florida Statutes.
Section 32 than 30 da notice to c	ANT: Any proof of insurance provided must contain the following endorsement: "As provided for in 20.02(5)(e), Florida Statutes, the listed insurance policy(s) or surety bond(s) may not be canceled on less ays written notice by the insurer to the Department of Highway Safety and Motor Vehicles, such 30 days commence from the date notice is received by the Department."
	<u>JM LEVELS OF INSURANCE COVERAGE are defined in the IRP Application Instruction Book.</u> OPY OF YOUR LEASE (if you lease to a carrier that provides insurance coverage for your vehicle)
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Or jur mi the es	STIMATED MILEAGE In original IRP applications for Florida as the base state, you are allowed to estimate mileage for the various risdictions you anticipate traveling in. All estimates must be accompanied by an explanation for the estimated leage amount unless the Bureau of Motor Carrier Services calculates the estimate for you. If the estimates of explanation are determined to be unreasonable, your application may be returned for you to revise the timate or provide a better explanation. If you choose to have the Bureau of Motor Carrier Services calculate the timated mileage for you, place the letter "E" in the space next to the jurisdiction you need estimated.
	OTE: If you were previously registered under the IRP in another jurisdiction, you must provide actual miles for risdictions in which you accrued actual miles.
<u>и</u>	EW IRP ACCOUNTS MUST BE PAID IN THE FORM OF GUARANTEED FUNDS,
<u>i.e</u>	e., cash, money order, cashier's check, certified check, or ComChek.

TECHNICAL ASSISTANCE AND INFORMATION PERTAINING TO THE INTERNATIONAL REGISTRATION PLAN CAN BE OBTAINED BY CONTACTING:

Department of Highway Safety and Motor Vehicles
Division of Motor Vehicles

Bureau of Motor Carrier Services - Neil Kirkman Building, MS-62 - Tallahassee, Florida 32399-0626

Telephone (850) 617-3711 -- FAX (850) 617-5185

www.flhsmv.gov